

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/060,754
Filing Date	30 January 2002
First Named Inventor	SKIBA
Title	Eye Medication Delivery System
Art Unit	3761
Examiner Name	ANDERSON, Catharine L.
Attorney Docket Number	2329-010U (prev: 125827-1000)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Lowell W. Gresham	31,165
Charlene R. Jacobsen	42,688
Jordan M. Meschkow	31,043

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Meschkow & Gresham, PLC

Address 5727 N. 7th St. Suite 409

City Phoenix

State AZ

Zip 85014

Country US

Telephone (602) 274-6996

Email mg@patentmg.com

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1-30-07
Name	Jeffrey Skiba	Telephone	(480) 921-4948
Title and Company	President, SILVERLEAF MEDICAL PRODUCTS, INC.		

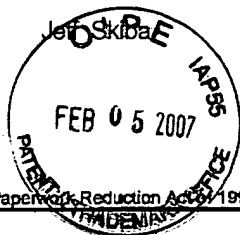
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

2329-010U



PTO/SB/96 (09-08)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: SKIBA et al.

Application No./Patent No.: 10/060,754

Filed/Issue Date: 30 January 2002

Entitled: Eye Medication Delivery System

SILVERLEAF MEDICAL PRODUCTS, INC.
(Name of Assignee)

a corporation

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is _____ %)

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☒ As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Signature
Jeffrey Skiba

Printed or Typed Name

1-30-07
Date

(480) 921-4948

Telephone Number

President, SILVERLEAF MEDICAL PRODUCTS, INC.

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

ASSIGNMENT

In consideration of Ten Dollars (\$10.00) and other valuable consideration, of which receipt is acknowledged, we, **Jeffry B. Skiba** of 4313 W. Walton Way, Chandler, AZ 85623 and **Steven T. Dodd** of 528 Hunters Ridge Road, Coppell, TX 75019, do hereby sell, transfer, and assign to **SILVERLEAF MEDICAL PRODUCTS, INC.**, a Delaware corporation having a place of business at 1100 E. University Drive, Suite 101, Tempe, AZ 85281, its successors and assigns, the entire right, title and interest in and to the improvements of ***"Eye Medication Delivery System"***, invented by us, as described in the application for United States Patent Application filed in the United States Patent and Trademark Office on **30 January 2002** and being assigned a Serial Number of **10/060,754** (Atty Docket: **2329-010U**), and any and all applications for patent and patents therefor in any and all countries, including all divisions, reissues, continuations and extensions thereof, and all rights of priority resulting from the filing of said United States application, and authorize and request any official whose duty it is to issue patents, to issue any patent on said improvements or resulting therefrom to said **SILVERLEAF MEDICAL PRODUCTS, INC.**, or its successors or assigns and agree that on request and without further consideration, but at the expense of **SILVERLEAF MEDICAL PRODUCTS, INC.**, we will communicate to said **SILVERLEAF MEDICAL PRODUCTS, INC.**, or its representatives or nominees, any facts known to us respecting said improvements and testify in any legal proceeding, sign all lawful papers, execute all divisional, continuing and reissue applications, make all rightful oaths and generally do everything possible to aid **SILVERLEAF MEDICAL PRODUCTS, INC.**, its successors, assigns and nominees, to obtain and enforce proper patent protection for said invention in all countries. We covenant with said **SILVERLEAF MEDICAL PRODUCTS, INC.**,

Assignment
Serial No: 10/060,754
Page 2

its successors and assigns, that the rights and property hereby covered are free and clear of any encumbrances, and that we have full right to convey the same as herein expressed.

1-30-2007
DATE

Jeffry B. Skiba

STATE OF _____)
County of _____) ss

On this _____ day of _____, 2007, before me, the undersigned, personally appeared Jeffry B. Skiba, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have set my hand and official seal.

(SEAL)

NOTARY PUBLIC

DATE

Steven T. Dodd

STATE OF _____)
County of _____) ss

On this _____ day of _____, 2007, before me, the undersigned, personally appeared Steven T. Dodd, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have set my hand and official seal.

(SEAL)

NOTARY PUBLIC

its successors and assigns, that the rights and property hereby covered are free and clear of any encumbrances, and that we have full right to convey the same as herein expressed.

DATE _____

Jeffry B. Skiba

STATE OF _____)

) ss

County of _____)

On this _____ day of _____, 2007, before me, the undersigned, personally appeared Jeffry B. Skiba, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the foregoing instrument for the purposes therein contained

IN WITNESS WHEREOF, I have set my hand and official seal.

NOTARY PUBLIC

(SEAL)

1-30-07
DATE _____


Steven T. Dodd

STATE OF _____)

) ss

County of _____)

On this _____ day of _____, 2007, before me, the undersigned, personally appeared Steven T. Dodd, known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have set my hand and official seal.

NOTARY PUBLIC

(SEAL)